UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS EASTERN DIVISION

| In re: ANTHONY LARAY HOLDER | Case No. 15-43499 |
|-----------------------------|-------------------|
| Debtor(s) | |

CHAPTER 13 STANDING TRUSTEE'S FINAL REPORT AND ACCOUNT

Tom Vaughn, chapter 13 trustee, submits the following Final Report and Account of the administration of the estate pursuant to 11 U.S.C. § 1302(b)(1). The trustee declares as follows:

- 1) The case was filed on <u>12/29/2015</u>.
- 2) The plan was confirmed on 03/29/2016.
- 3) The plan was modified by order after confirmation pursuant to 11 U.S.C. \S 1329 on \underline{NA} .
- 4) The trustee filed action to remedy default by the debtor in performance under the plan on \underline{NA} .
 - 5) The case was dismissed on 06/21/2016.
 - 6) Number of months from filing to last payment: 2.
 - 7) Number of months case was pending: 7.
 - 8) Total value of assets abandoned by court order: NA.
 - 9) Total value of assets exempted: NA.
 - 10) Amount of unsecured claims discharged without payment: \$0.00.
 - 11) All checks distributed by the trustee relating to this case have cleared the bank.

Receipts:

Total paid by or on behalf of the debtor \$291.00 Less amount refunded to debtor \$0.00

NET RECEIPTS: \$291.00

Expenses of Administration:

Attorney's Fees Paid Through the Plan \$277.32
Court Costs \$0.00
Trustee Expenses & Compensation \$13.68
Other \$0.00

TOTAL EXPENSES OF ADMINISTRATION:

\$291.00

Attorney fees paid and disclosed by debtor: \$0.00

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|---------------------------------|-----------|-----------|----------|----------|-----------|------|
| Scheduled Creditors: | | | | | | |
| Creditor | | Claim | Claim | Claim | Principal | Int. |
| Name | Class | Scheduled | Asserted | Allowed | Paid | Paid |
| AMERICASH LOANS | Unsecured | 2,000.00 | NA | NA | 0.00 | 0.00 |
| AMERICASH LOANS LLC | Unsecured | 0.00 | 1,227.31 | 1,227.31 | 0.00 | 0.00 |
| ASSET ACCEPTANCE LLC | Unsecured | 197.00 | NA | NA | 0.00 | 0.00 |
| AVON URGENT CARE | Unsecured | 300.00 | NA | NA | 0.00 | 0.00 |
| BANK OF AMERICA | Unsecured | 200.00 | NA | NA | 0.00 | 0.00 |
| BMO HARRIS | Unsecured | 200.00 | NA | NA | 0.00 | 0.00 |
| CAPITAL ONE | Unsecured | 500.00 | NA | NA | 0.00 | 0.00 |
| CAPITAL ONE BANK USA | Unsecured | 129.00 | NA | NA | 0.00 | 0.00 |
| CHARTER ONE | Unsecured | 0.00 | NA | NA | 0.00 | 0.00 |
| CHASE BANK | Unsecured | 1,000.00 | NA | NA | 0.00 | 0.00 |
| CITY OF CHICAGO DEPT OF FINANCI | Unsecured | 0.00 | 1,427.40 | 1,427.40 | 0.00 | 0.00 |
| CITY OF CHICAGO PARKING BUREA | Unsecured | 1,500.00 | NA | NA | 0.00 | 0.00 |
| COOK COUNTY DEPT OF REVENUE | Unsecured | 205.00 | NA | NA | 0.00 | 0.00 |
| ELMHURST MEMORIAL HOSPITAL | Unsecured | 2,312.00 | NA | NA | 0.00 | 0.00 |
| HARRIS & HARRIS | Unsecured | 100.00 | NA | NA | 0.00 | 0.00 |
| HARRIS & HARRIS | Unsecured | 130.00 | NA | NA | 0.00 | 0.00 |
| Home Medical Express | Unsecured | 62.00 | NA | NA | 0.00 | 0.00 |
| INTERNAL REVENUE SERVICE | Priority | 170.00 | 475.74 | 475.74 | 0.00 | 0.00 |
| INTERNAL REVENUE SERVICE | Unsecured | 654.00 | 317.75 | 317.75 | 0.00 | 0.00 |
| IU HEALTH UNIVERISTY HOSPITAL | Unsecured | 0.00 | NA | NA | 0.00 | 0.00 |
| IU MEDICAL GROUP | Unsecured | 0.00 | NA | NA | 0.00 | 0.00 |
| LOYOLA MEDICAL PLAN | Unsecured | 0.00 | NA | NA | 0.00 | 0.00 |
| LOYOLA UNIV MED CENTER | Unsecured | 2,000.00 | NA | NA | 0.00 | 0.00 |
| LOYOLA UNIVERSITY PHYSICIANS F | Unsecured | 0.00 | NA | NA | 0.00 | 0.00 |
| MARION COUNTY | Unsecured | 0.00 | NA | NA | 0.00 | 0.00 |
| MARION COUNTY | Unsecured | 0.00 | NA | NA | 0.00 | 0.00 |
| MARION COUNTY | Unsecured | 0.00 | NA | NA | 0.00 | 0.00 |
| MARION COUNTY | Unsecured | 0.00 | NA | NA | 0.00 | 0.00 |
| MARION COUNTY | Unsecured | 0.00 | NA | NA | 0.00 | 0.00 |
| MBB | Unsecured | 413.00 | NA | NA | 0.00 | 0.00 |
| PORANIA LLC | Unsecured | NA | 1,893.00 | 1,893.00 | 0.00 | 0.00 |

| Scheduled Creditors: | | | | | | |
|---------------------------|-----------|--------------------|-------------------|------------------|-------------------|--------------|
| Creditor Name | Class | Claim Scheduled | Claim Asserted | Claim Allowed | Principal Paid | Int. Paid |
| SANTANDER CONSUMER USA | Secured | NA | 27,483.12 | 0.00 | 0.00 | 0.00 |
| SANTANDER CONSUMER USA | Unsecured | 23,393.00 | 0.00 | 27,483.12 | 0.00 | 0.00 |
| SPRINT NEXTEL | Unsecured | 685.00 | 684.93 | 684.93 | 0.00 | 0.00 |
| ST IL TOLLWAY AUTHORITY | Unsecured | 14,000.00 | 27,102.90 | 27,102.90 | 0.00 | 0.00 |
| TCF NATIONAL BANK | Unsecured | 500.00 | NA | NA | 0.00 | 0.00 |
| TEACHERS CREDIT UNION | Unsecured | 130.00 | NA | NA | 0.00 | 0.00 |
| UI HEALTH PHYS- EMERG MED | Unsecured | 0.00 | NA | NA | 0.00 | 0.00 |
| UNION ACCEPTANCE | Unsecured | 300.00 | NA | NA | 0.00 | 0.00 |
| Unique National Collec | Unsecured | 62.00 | NA | NA | 0.00 | 0.00 |
| US CELLULAR | Unsecured | 500.00 | NA | NA | 0.00 | 0.00 |
| VILLAGE OF ORLAND PARK | Unsecured | 750.00 | 250.00 | 250.00 | 0.00 | 0.00 |
| VILLAGE OF ORLAND PARK | Unsecured | 250.00 | NA | NA | 0.00 | 0.00 |
| ZALES | Unsecured | 659.00 | NA | NA | 0.00 | 0.00 |

| Summary of Disbursements to Creditors: | | | |
|--|-------------|-------------|-------------|
| | Claim | Principal | Interest |
| | Allowed | <u>Paid</u> | <u>Paid</u> |
| Secured Payments: | | | |
| Mortgage Ongoing | \$0.00 | \$0.00 | \$0.00 |
| Mortgage Arrearage | \$0.00 | \$0.00 | \$0.00 |
| Debt Secured by Vehicle | \$0.00 | \$0.00 | \$0.00 |
| All Other Secured | \$0.00 | \$0.00 | \$0.00 |
| TOTAL SECURED: | \$0.00 | \$0.00 | \$0.00 |
| Priority Unsecured Payments: | | | |
| Domestic Support Arrearage | \$0.00 | \$0.00 | \$0.00 |
| Domestic Support Ongoing | \$0.00 | \$0.00 | \$0.00 |
| All Other Priority | \$475.74 | \$0.00 | \$0.00 |
| TOTAL PRIORITY: | \$475.74 | \$0.00 | \$0.00 |
| GENERAL UNSECURED PAYMENTS: | \$60,386.41 | \$0.00 | \$0.00 |

| Disbursements: | | |
|---|--------------------|-----------------|
| Expenses of Administration Disbursements to Creditors | \$291.00 \$0.00 | |
| TOTAL DISBURSEMENTS : | | <u>\$291.00</u> |

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12) The trustee certifies that, pursuant to Federal Rule of Bankruptcy Procedure 5009, the estate has been fully administered, the foregoing summary is true and complete, and all administrative matters for which the trustee is responsible have been completed. The trustee requests a final decree be entered that discharges the trustee and grants such other relief as may be just and proper.

Dated: 07/21/2016 By: /s/ Tom Vaughn
Trustee

STATEMENT: This Unified Form is associated with an open bankruptcy case, therefore, Paperwork Reduction Act exemption 5 C.F.R. § 1320.4(a)(2) applies.